



TeleSys User Guide and Other Important Information

Louisiana Department of Health and Hospitals
Office of Aging and Adult Services



Introduction

- Before the needs of elderly and disabled individuals and eligibility for home and community based services can be assessed and authorized, MDS-HC assessment information must be collected, analyzed and applied as applicable for the type of program(s) the individual is requesting.



Process Overview

- Trained MDS-HC assessors collect the required data in accordance with very specific guidelines specified in InterRAI MDS-HC Manual and record the data in the applicable sections of the MDS-HC data set form.
- MDS-HC Assessment data is then entered and locked in to the OAAS TeleSys database by the MDS-HC assessor or, by the agency's designated database entry person.

Updated 9-08-09

3



Process Overview

- Once all data is entered, it is automatically analyzed via an automated process built in to the TeleSys software application.
- The results of the analyzed data is displayed in the form of "Triggered Client Assessment Protocols (CAPs)". The MDS-HC triggered CAPs provide the trained assessor with information regarding the individual's Level of Care (LOC) and Care Planning needs.

Updated 9-08-09

4



Process Overview

- The individualized Plan of Care, and other supporting documentation as required by the OAAS, is submitted to the OAAS Regional office, or its designee, for review and determination of Nursing Facility Level of Care and program approval/denial decision.

Updated 9-08-09

5



System Access

- The TeleSys database is accessed via a secure connection (e.g., Citrix)
- Only persons with approved security access are able to log-in to the system
- Access to TeleSys is provided by the OAAS TeleSys Administrator
- State policies governing HIPAA privacy and confidentiality standards must be followed at all times

Updated 9-08-09

6

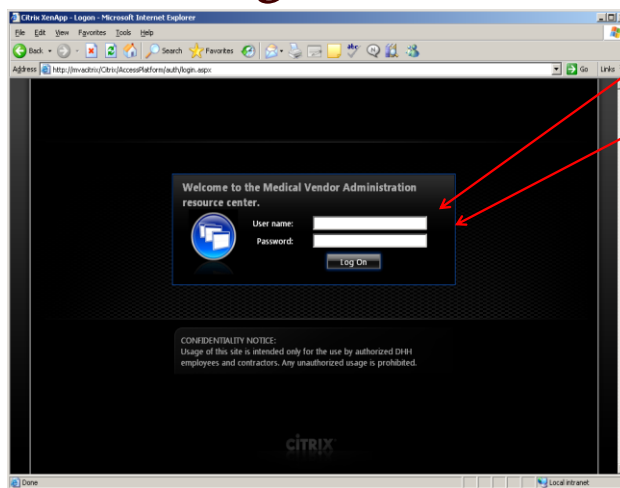
Logging-In



Updated 9-08-09

7

Citrix Log-In Screen

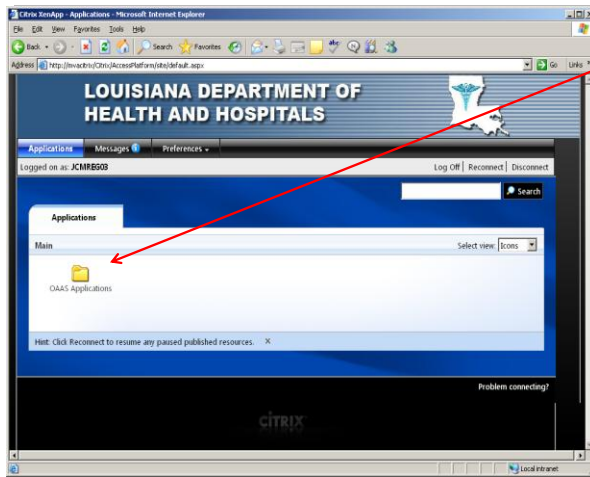


User ID and
password
provided by
OAAS
System
Administrator

Updated 9-08-09

8

Citrix Log-In Screen



Updated 9-08-09

9

Logging on to TeleSys for the first time

STEP 1

The OAAS Telesys Administrator will provide you with initial access instructions.

When you first launch the software using the icons provided for you, the logon screen will appear.

A screenshot of the TeleSys login screen. The title bar says 'TeleSys'. The main text reads 'TeleSys Technologies, Inc. Charlotte, North Carolina'. Below that, it says 'Version 7.07.2488'. Further down, it states 'A software implementation of the interRAI Assessment Tools Suite Copyright interRAI, 1994, 1996, 1997, 1999, 2000'. There are two input fields: 'User ID:' with the text 'mtofano' and 'Password:' with '*****'. Below these fields are two buttons: 'Login' and 'Cancel'. At the bottom, it says 'Enter UserID and Password'.

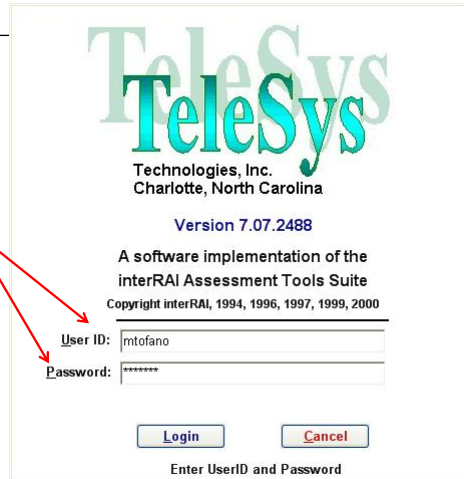
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10

Logging on to TeleSys for the first time

STEP 1 (continued)

Enter the user name that was provided by the system administrator in BOTH the User ID and the Password entry boxes. Then click on the "Login" button.



The screenshot shows the TeleSys login interface. At the top is the 'TeleSys' logo in a large, stylized blue font. Below it, in smaller black text, is 'Technologies, Inc. Charlotte, North Carolina'. Further down, 'Version 7.07.2488' is displayed in blue. A paragraph follows: 'A software implementation of the interRAI Assessment Tools Suite Copyright interRAI, 1994, 1996, 1997, 1999, 2000'. Below this are two input fields: 'User ID:' with the text 'mtofano' and 'Password:' with a masked password '*****'. At the bottom are two buttons: 'Login' and 'Cancel'. Below the buttons is the text 'Enter UserID and Password'. Two red arrows point from the 'STEP 1' text box to the 'User ID' and 'Password' fields.

Updated 9-08-09

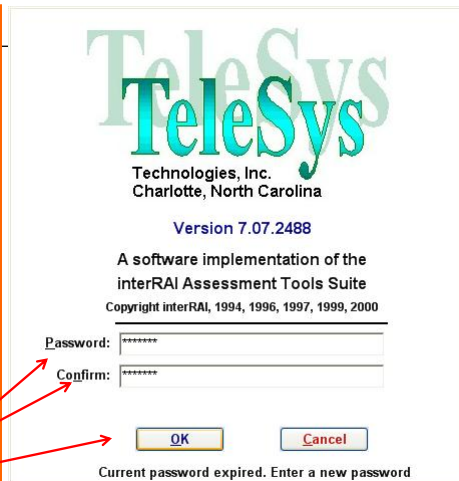
11

Logging on to TeleSys for the first time

STEP 2

The system will then come back with this screen. It is now asking you to put in a new password. You are the only one that will know what this password is.

NOTE: The password must be at least 6 characters in length. It can contain numbers and / or letters. Once you have entered your new password in both boxes, click "OK".



The screenshot shows the TeleSys password change interface. It features the same header as the login screen: 'TeleSys' logo, 'Technologies, Inc. Charlotte, North Carolina', 'Version 7.07.2488', and the software description. Below this are two input fields: 'Password:' and 'Confirm:', both with masked passwords '*****'. At the bottom are two buttons: 'OK' and 'Cancel'. Below the buttons is the text 'Current password expired. Enter a new password'. Two red arrows point from the 'STEP 2' text box to the 'Password' and 'Confirm' fields.

Updated 9-08-09

12

Logging on to TeleSys for the first time

STEP 3

This will present the Client List Screen. You are now ready to start to operate/ navigate the system.



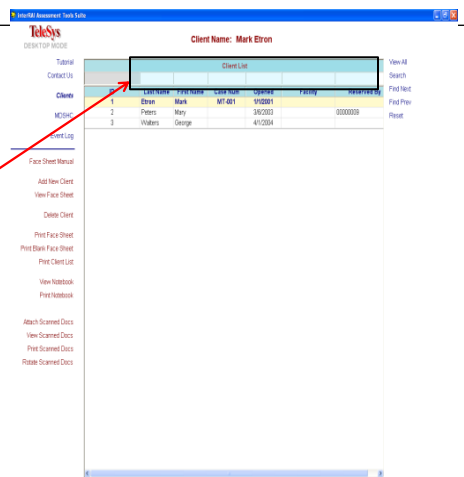
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13

Client Search

STEP 1

You can conduct a client search by entering the client's last name, first name, and/or SSN in the blank boxes above the applicable column on the client screen .



Updated 9-08-09

14

Client Search

Important Tip:

You can expand the column “window” to better view all of the data entry for that column by placing the cursor between the column lines until you get a double sided arrow, then just “pull” the line to expose the rest of that column’s contents.

Updated 9-08-09

TeleSys Assessment Tools Suite

Client Name: Ramiro Lopez

Client List

ID	Last Name	First Name	Case Name	Opened	Facility	Region	Agency	DOB	SSN	Reserved
1	Lopez	Ramiro		8/26/2006	2	Test Case		1/19/54	666-12-345	

MDSHC Assessment List

Type	Locked	Images	Category	ADL	RUG II	Coordinator	PW1	PW2	PW
MDSHC Manual	No	No	Reduced F	4	11	PA_1	Inc	Inc	Inc
Add New MDSHC	No	No	Reduced F	4	11	PA_1	Inc	Inc	Inc
View MDSHC	No	No	Reduced F	4	11	PA_1	Inc	Inc	Inc
Delete MDSHC	No	No	Reduced F	4	11	PA_1	Inc	Inc	Inc
Print MDSHC	No	No	Reduced F	4	11	PA_1	Inc	Inc	Inc
Print MDSHC Section	No	No	Reduced F	12	7	ADL (PS) Linda Vailgryn	Met	NotMet	NotMet
Print Blank MDSHC									

15

Client Search

STEP 2

Once you have entered search info. in the appropriate column, click on “Search” button located on right side of client screen.

TeleSys Assessment Tools Suite

Client Name: Mark Elron

Client List

ID	Last Name	First Name	Case Name	Opened	Facility	Region	Agency	DOB	SSN	Reserved
1	Elron	Mark	MC 881	10/20/01						
2	Peters	Mary		3/6/2003						
3	Vallero	George		4/1/2004						

Search

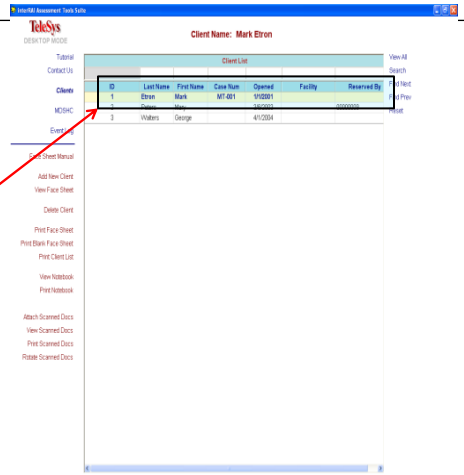
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16

Client Search

STEP 3

Once you have clicked on “Search” button, the client screen appears with the client’s name, SSN, Date of Birth, etc. Be sure to check all identifiers to be sure the client that comes up is the client you need.



Updated 9-08-09

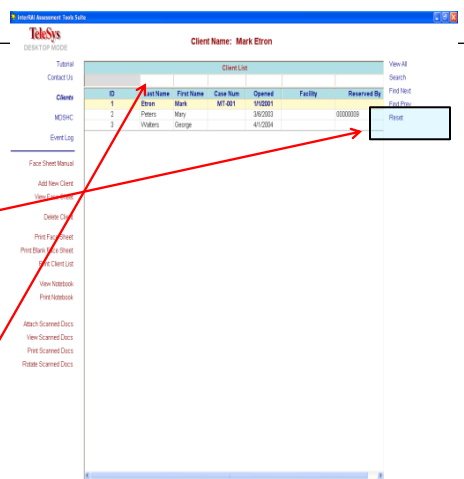
17

Client Search

STEP 4

If client does not come up, Click on “Reset” & try additional identifiers, check name spelling, etc. You can also enter the first letter of the client’s first or last name, followed by an asterisk (*) to pull up all clients with similar name to see if client you need is in database.

Tip: You do not need to click on “Reset” button first - to enter a new name, simply click in blank space over identifier, and start typing new identifier information.



Updated 9-08-09

18

Client Face Sheet

STEP 1

When client's name appears on client screen, double click on it and the Client Face Sheet Screen will appear. This Face Sheet will already be completed with some information. It is very important that you check to make sure Sections A., B, C, D, and E. of Client Face Sheet are filled in with applicable & correct information.

Client Name: New Client

CLIENT FACE SHEET

The Client Face Sheet contains fundamental information about the client. Information entered in this face sheet that are designated by an asterisk (*) are to be entered in the system as applicable entered on the assessment.

NAME AND ID NUMBERS

1. Name of Client

a. (Last/Family Name) b. (First Name) c. (Middle Initial)

d. (Last name, nickname or special tag name by which client is also known)

2. Case Record Numbers

a. Provider ID or Corporate ID Number (Master Client Identifier)

b. Medical Records Number

3. Government/Patient/And Health Insurance Numbers

a. Person (Social Security) Number

b. Private Health Insurance Number

c. Medicare Number

d. Medicaid Number

e. State or Other Medical Aid Number

ASSIGN ORGANIZATIONAL LEVELS RESPONSIBLE FOR CLIENT

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19

Client Face Sheet

Section D. Goals/Referral of Client Face Sheet must be completed at the time of the client's initial MDS-HC assessment (oldest dated MDS-HC in TeleSys). If the database entry person does not complete this section on the Client Face Sheet, subsequent MDS-HCs will not be auto populated with this information that is to be "Completed at Intake Only".

Client Name: Loida Test

D. GOALS / REFERRAL ITEMS (Completed at Intake Only)

1. Case Opened/Reopened

2. Reason for Referral

3. Goals of Care

4. Time since Last Hospital Stay

5. Where Lived At Time of Referral

6. Who Lived With At Referral

7. Prior MDS-HC

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20

Client Face Sheet

What do if Section D. of Client Face Sheet is Blank:

The database entry person must use the information found in Section D of the Client's very first MDS-HC assessment in TeleSys (oldest dated MDS-HC in TeleSys) to complete the missing items in Section D of the Client Face Sheet. In that way, added MDS-HC assessments will be appropriately auto populated for those fields that are "completed at intake only".

ID	Foreign ID	Last Name	First Name	Opened	Phys	Sev	Region	Agency	DOB
4006130		Hollinger	Ellen	2/2/2002	2		XYZ		5/12/1958

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21

Client Face Sheet

STEP 2

The buttons on the right side of the screen correspond to the various sections on the Face Sheet form. Clicking on one of these buttons will take you to that section of the Client Face Sheet.

Updated 9-08-09

22

Client Face Sheet

Review:

Before we continue, let us first review the screen presented to us. The screen is in four sections.

➤ The section on the left of the screen contains the “Action Buttons”. When selected, they tell the system what it is we wish to do.

Client Name: Mario Lorenzo

CLIENT FACE SHEET
The Client Face Sheet contains fundamental information about the client. Information from sections in the face sheet that are designated by an asterisk (*) next to the section number are automatically entered into the assessment.

NAME AND ID NUMBERS

1. Name of Client: **Lorenzo** **Mario**
a. (Last/Family Name) b. (First Name) c. (Middle Initial)
Nick: **Nick**
d. (Alias name, nickname or special tag name by which client is also known)

Case Record Numbers

a. Provider ID or Corporate ID Number (Master Client Identifier)
b. Medical Records Number

Government Pension and Health Insurance Numbers

a. Person (Social Security) Number: **1 2 3 - 5 5 - 6 6 6 6**
b. Private Health Insurance Number
c. Medicare Number
d. Medicaid Number
e. State or Other Medical Aid Number

ASSIGN ORGANIZATIONAL LEVELS RESPONSIBLE FOR CLIENT

Right Sidebar:
Name / ID
☐ Assignments
☐ Personal
☐ Goals / Refer
☐ Contact Info
☐ Notebook

Updated 9-08-09

23

Client Face Sheet

Review:

➤ The section in the center is the Form Screen. Within it is the form associated with the action we wish to take.

Client Name: Mario Lorenzo

CLIENT FACE SHEET
The Client Face Sheet contains fundamental information about the client. Information from sections in the face sheet that are designated by an asterisk (*) next to the section number are automatically entered into the assessment.

NAME AND ID NUMBERS

1. Name of Client: **Lorenzo** **Mario**
a. (Last/Family Name) b. (First Name) c. (Middle Initial)
Nick: **Nick**
d. (Alias name, nickname or special tag name by which client is also known)

Case Record Numbers

a. Provider ID or Corporate ID Number (Master Client Identifier)
b. Medical Records Number

Government Pension and Health Insurance Numbers

a. Person (Social Security) Number: **1 2 3 - 5 5 - 6 6 6 6**
b. Private Health Insurance Number
c. Medicare Number
d. Medicaid Number
e. State or Other Medical Aid Number

ASSIGN ORGANIZATIONAL LEVELS RESPONSIBLE FOR CLIENT

Right Sidebar:
Name / ID
☐ Assignments
☐ Personal
☐ Goals / Refer
☐ Contact Info
☐ Notebook

Updated 9-08-09

24

Client Face Sheet

Review:

➤ The section on the right of the screen contain the Section Buttons. When you click on any of the section buttons, the form will scroll so that the first question within the section selected is made visible.

Client Name: Mario Lorenzo

CLIENT FACE SHEET

The Client Face Sheet contains fundamental information about the client. Information from sections in the face sheet that are designated by an asterisk (*) next to the section number are automatically entered into the assessment.

NAME AND ID NUMBERS

1. Name of Client: **LORENZO** **Mario**

a. Last Family Name: **Nick** b. (First Name) c. (Middle Name)

2. Case Record Numbers

a. (Alias name, nickname or special tag name by which client is also known)

a. Provider ID or Corporate ID Number (Master Client Identifier)

b. Medical Records Number

3. Government Pension And Health Insurance Numbers

a. Person (Social Security) Number: **1 2 3 - 5 5 - 6 6 6 8**

b. Private Health Insurance Number

c. Medicare Number

d. Medicaid Number

e. State or Other Medical Aid Number

ASSIGN ORGANIZATIONAL LEVELS RESPONSIBLE FOR CLIENT

Updated 9-08-09

25

Client Face Sheet

Review:

➤ The section at the top is the Message screen. Within it will be all of the messages that the system wishes to convey to the user.

Required fields not completed. Leave anyway?

Yes No

CLIENT FACE SHEET

The Client Face Sheet contains fundamental information about the client. Information from sections in the face sheet that are designated by an asterisk (*) next to the section number are automatically entered into the assessment.

NAME AND ID NUMBERS

1. Name of Client: **LORENZO** **Mario**

a. Last Family Name: **Nick** b. (First Name) c. (Middle Name)

2. Case Record Numbers

a. (Alias name, nickname or special tag name by which client is also known)

a. Provider ID or Corporate ID Number (Master Client Identifier)

b. Medical Records Number

3. Government Pension And Health Insurance Numbers

a. Person (Social Security) Number: **1 2 3 - 5 5 - 6 6 6 8**

b. Private Health Insurance Number

c. Medicare Number

d. Medicaid Number

e. State or Other Medical Aid Number

ASSIGN ORGANIZATIONAL LEVELS RESPONSIBLE FOR CLIENT

Updated 9-08-09

26

Completeness Indicators

Next to each Section Button are the Completeness Indicators for each section. These indicators show the completeness of the section.

Client Name: Mario Lorenzo

CLIENT FACE SHEET

The Client Face Sheet contains fundamental information about the client. Information from sections in the face sheet that are designated by an asterisk (*) next to the section number are automatically entered into the assessment.

NAME AND ID NUMBERS

1. Name of Client: **LORENZO** **Mario**

a. (Last/Family Name) b. (First Name) c. (Middle Name)

2. Nick: **Nick**

3. (Alias name, nickname or special tag name by which client is also known)

4. Case Record Numbers

a. Provider ID or Corporate ID Number (Master Client Identifier)

b. Medical Records Number

5. Government Pension And Health Insurance Numbers

a. Person (Social Security) Number: **1 2 3 - 5 5 - 6 6 6 8**

b. Private Health Insurance Number

c. Medicare Number

d. Medicaid Number

e. State or Other Medical Aid Number

ASSIGN ORGANIZATIONAL LEVELS RESPONSIBLE FOR CLIENT

Updated 9-08-09

27

Completeness Indicators

- Complete - box is totally filled (appears in red)
- Empty - box is totally empty
- Partially completed - box is half filled in red.

Client Name: Mario Lorenzo

CLIENT FACE SHEET

The Client Face Sheet contains fundamental information about the client. Information from sections in the face sheet that are designated by an asterisk (*) next to the section number are automatically entered into the assessment.

NAME AND ID NUMBERS

1. Name of Client: **LORENZO** **Mario**

a. (Last/Family Name) b. (First Name) c. (Middle Name)

2. Nick: **Nick**

3. (Alias name, nickname or special tag name by which client is also known)

4. Case Record Numbers

a. Provider ID or Corporate ID Number (Master Client Identifier)

b. Medical Records Number

5. Government Pension And Health Insurance Numbers

a. Person (Social Security) Number: **1 2 3 - 5 5 - 6 6 6 8**

b. Private Health Insurance Number

c. Medicare Number

d. Medicaid Number

e. State or Other Medical Aid Number

ASSIGN ORGANIZATIONAL LEVELS RESPONSIBLE FOR CLIENT

Updated 9-08-09

28

Completeness Indicators

The completeness indicator reflects the completeness of the answer boxes that are required, which is not necessarily all of the answer boxes.

Client Name: Mario Lorenzo

CLIENT FACE SHEET

The Client Face Sheet contains fundamental information about the client. Information from sections in the Face Sheet that are designated by an asterisk (*) next to the section number are administratively entered into the assessment.

NAME AND ID NUMBERS

1. Name of Client: **Lorenzo, Mario**

a. (Last/Family Name) b. (First Name) c. (Middle Name)

2. Case Record Numbers

a. (Alias name, nickname or special tag name by which client is also known)

b. Provider ID or Corporate ID Number (Master Client Identifier)

c. Medical Records Number

3. Government Person and Health Insurance Numbers

a. Person (Social Security) Number: **1 2 3 - 4 5 6 - 7 8 9 0**

b. Privately Health Insurance Number

c. Medicare Number

d. Medicaid Number

e. State or Other Medical Aid Number

ASSIGN ORGANIZATIONAL LEVELS RESPONSIBLE FOR CLIENT

Updated 9-08-09

29

Exiting Client Face Sheet Screen

STEP 1

Once all of the information on the Face Sheet has been reviewed for accuracy/completeness, click on the "Clients" button. If all of the required answer boxes have not been completed, a message will appear stating that all of the required fields are not completed and asking if you wish to leave anyway.

Required fields not completed. Leave anyway?

Yes No

Client Name: Mario Lorenzo

PERSONAL INFORMATION

Gender: 1 Male 2 Female

Birthdate: 0 1 - 0 1 - 1 9 3 8

Month Day Year (Answer All)

Race / Ethnicity

a. American Indian or Alaska Native 0

b. Asian 0

c. Black / African Amer 0

d. Native Hawaiian or other Pacific Islander 0

e. White 1

f. Hispanic or Latino 0

Marital Status

1. Never married 2. Married 3. Widowed 4. Divorced 5. Deceased 6. Other

Language

Primary Language: 0 English 1 Spanish 2 French 3 Other

Education (highest level completed)

1. No schooling 2. 8th grade or less 3. 9-11 grades 4. High school Completed

5. Technical or trade school 6. Some college 7. Bachelor's degree 8. Graduate degree

Responsibility / Advanced Directives

(Code for responsibility/advanced directives)

a. No 1. Yes

b. Client has advanced medical directives in place (for example, a do not resuscitate order)

GOALS / REFERRAL ITEMS (Completed at Intake Only)

1. Date Case Opened / Reopened: 0 2 - 0 2 - 2 0 0 2

Month Day Year

2. Reason for Referral

1. Post-hospital care 2. Community outreach care 3. Home placement screen 4. Eligibility for home care 5. Day Care 6. Other

Updated 9-08-09

30

Exiting Client Screen

STEP 2

NOTE: Remember that it may be that not all answer boxes are required. If you answer "Yes", then the system will bring you back to the client list grid

Required fields not completed. Leave anyway?

Yes No

Client Name: Mario Lorenzo

PERSONAL INFORMATION

1. Gender: 1. Male 2. Female

2. Birthdate: 0 1 0 1 1 9 3 8

3. Race / Ethnicity: 0. No 1. Yes (Answer All)

a. American Indian / Alaska Native 0 b. White 1

c. Asian 0 d. Black / African Amer 0 e. Hispanic or Latino 0

4. Marital Status: 1. Never married 2. Married 3. Widowed 4. Divorced 5. Separated 6. Other

5. Language: Primary Language: 0. English 1. Spanish 2. French 3. Other

6. Education (highest level completed): 1. No schooling 2. 9th grade or less 3. 10-11 grades 4. High school 5. Technical or trade school 6. Some college 7. Bachelor's degree 8. Graduate degree

7. Responsibility / Advanced Directives: (Code for responsibility/advanced directives) 0. No 1. Yes

a. Client has a legal guardian b. Client has advanced medical directives in place (for example, a do not resuscitate order)

GOALS / REFERRAL ITEMS (Completed at Intake Only)

1. Date Case Closed/Responed: 0 2 0 2 2 0 0 2

2. Reason For Referral: 1. Post hospital care 2. Community chronic care 3. Home placement services 4. Eligible for home care 5. Day Care 6. Other

Updated 9-08-09

31

Adding a new MDS-HC

STEP 1

In order to add a new **MDS-HC** to a client in TeleSys, it is first necessary to select the client. This is accomplished by a left click of the mouse on the client you wish to select. For this example, we have selected "George Walters"

Client Name: George Walters

Client List

ID	Last Name	First Name	Case Num	Opened	Facility	Reserved By
2	Peters	Mary	363033	11/03/01		
2	Walters	George	410264			

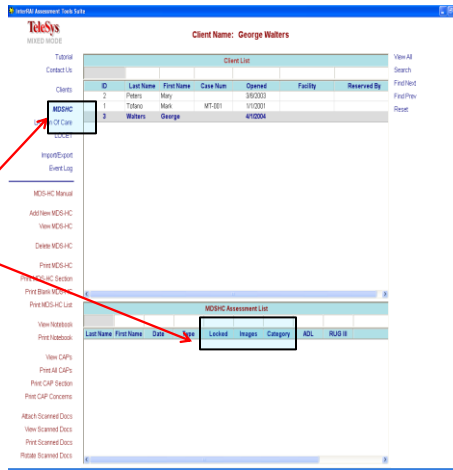
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32

Adding a new MDS-HC

STEP 2

After selecting the client, you left click on the MDS-HC button in the upper left of the screen. This will bring up the MDS-HC assessment list screen. The screen now has two grids. The top grid is the client list which has been reduced in height to give room to show the MDS-HC Assessment List grid.



Updated 9-08-09

33

Adding a new MDS-HC

The assessment list grid shows a detailed history of all the MDS-HC assessments performed on the selected client. In this case, Mr. Walters does not have any assessments at this time.



Updated 9-08-09

34

Adding a new MDS-HC

STEP 3

In order to add a new assessment to Mr. Walters, left click on the Add New MDS-HC buttons in the lower left of the screen. This will give you a confirmation prompt at the top of the screen. **NOTE:** All confirmation and warning prompts are accompanied by a bell sound. To enable the sound, make certain that your sound system is enabled.

Required fields not completed. Leave anyway?

Yes No

Client Name: George Walters

MINIMUM DATA SET - HOME CARE (MDS-HC)

Unless otherwise noted, scores for last 3 days

Examples of exceptions include MDS-1, Conference / Services / Treatments where status scored over last 7 days

SECTION AA: NAME AND IDENTIFICATION NUMBERS

1. Name of Client: Walters, George

a. (Last/Family Name) b. (First Name) c. (Middle Name)

2. Case Record No.

3. Government, Pension, and Health Insurance Numbers

a. Person (Social Security) Number

b. Health insurance number (of other comparable insurance number)

SECTION BB: PERSONAL ITEMS (Complete at Intake Only)

1. Gender: 1. Male 2. Female 1

2. Birthdate: 06-05-1915

3. Race / Ethnicity

a. American Indian or Alaska Native

b. Asian

c. Black / African Amer

d. Native Hawaiian or other Pacific Islander

e. White

f. Hispanic or Latino

4. Marital Status

1. Never married 2. Married 3. Widowed 4. Separated 5. Divorced 6. Other

5. Language

Updated 9-08-09

35

STEP 1

Adding a new MDS-HC

Step 4: If you answer “No”, you will be returned to the screen in Step 2. If you answer “Yes”, you will be shown the MDS-HC form on the screen.

Required fields not completed. Leave anyway?

Yes No

Client Name: George Walters

MINIMUM DATA SET - HOME CARE (MDS-HC)

Unless otherwise noted, scores for last 3 days

Examples of exceptions include MDS-1, Conference / Services / Treatments where status scored over last 7 days

SECTION AA: NAME AND IDENTIFICATION NUMBERS

1. Name of Client: Walters, George

a. (Last/Family Name) b. (First Name) c. (Middle Name)

2. Case Record No.

3. Government, Pension, and Health Insurance Numbers

a. Person (Social Security) Number

b. Health insurance number (of other comparable insurance number)

SECTION BB: PERSONAL ITEMS (Complete at Intake Only)

1. Gender: 1. Male 2. Female 1

2. Birthdate: 06-05-1915

3. Race / Ethnicity

a. American Indian or Alaska Native

b. Asian

c. Black / African Amer

d. Native Hawaiian or other Pacific Islander

e. White

f. Hispanic or Latino

4. Marital Status

1. Never married 2. Married 3. Widowed 4. Separated 5. Divorced 6. Other

5. Language

Updated 9-08-09

36

Adding a new MDS-HC

STEP 5

Once the MDS-HC has been completed, click on the MDS-HC button to return to the MDS-HC Assessment List screen.

Required fields not completed. Leave anyway?

The screenshot shows the TeleSys MDS-HC interface. On the left sidebar, the 'MDS-HC' button is highlighted with a red box and a red arrow pointing to it. The main window displays the 'Client List' for 'George Walters' and the 'MDS-HC Assessment List' table.

ID	Last Name	First Name	Case Num	Opened	Facility	Reserved By
2	Peters	Mary		260303		
1	Talano	Mark	MT-001	1/10/01		
3	Walters	George		4/10/04		

Last Name	First Name	Date	Type	Linked	Images	Category	ADL	ADL II
Walters	George			No	No			

Updated 9-08-09

37

Adding a new MDS-HC

STEP 5 (continued)

If the required fields have not been completed, you will be prompted to determine if you actually do wish to leave the form.

Required fields not completed. Leave anyway?

The screenshot shows the TeleSys MDS-HC interface with a dialog box at the top. The dialog box contains the text 'Required fields not completed. Leave anyway?' and two buttons: 'Yes' and 'No'. A red arrow points from the 'MDS-HC' button in the left sidebar to the dialog box. The main window displays the 'Client List' for 'George Walters' and the 'MDS-HC Assessment List' table.

ID	Last Name	First Name	Case Num	Opened	Facility	Reserved By
2	Peters	Mary		260303		
1	Talano	Mark	MT-001	1/10/01		
3	Walters	George		4/10/04		

Last Name	First Name	Date	Type	Linked	Images	Category	ADL	ADL II
Walters	George			No	No			

Updated 9-08-09

38

Adding a new MDS-HC

STEP 5 (continued)

If you answer “No”, the screen will stay as it is. If you answer “Yes”, then the screen will go to the MDS-HC Assessment List screen. We now see that Mr. Walters has an MDS-HC completed.

Required fields not completed. Leave anyway?

Yes No

Telesys
MDS-HC

Client Name: George Walters

ID	Last Name	First Name	Care Num	Opened	Facility	Reserved By
1	Walters	George	MT-001	4/10/08		

MDS-HC Assessment List

Last Name	First Name	Date	Type	Linked	Images	Category	ADL	Build ID
Walters	George			No	No			

Updated 9-08-09

39

Adding a new MDS-HC

Review:

Before we continue, let us first review the screen presented to us. The screen is in four sections.

- The section on the left of the screen contains the Action Buttons.

When selected, they tell the system what it is we wish to do.

Telesys
MDS-HC

Client Name: George Walters

MINIMUM DATA SET - HOME CARE (MDS-HC)
Unless otherwise noted, score for last 3 days
Examples of exceptions include: (N/A) / Continence / Services / Treatments where status scored over last 7 days.

SECTION AA. NAME AND IDENTIFICATION NUMBERS

1. Name of Client: **Walters, George**
a. (Last/Family Name) b. (First Name) c. (Middle Name)

2. Case Record: No

3. Government Pension And Health Insurance Numbers
a. Pension (Social Security) Number: [] [] [] [] [] [] [] [] [] []
b. Health insurance number (if other comparable insurance number): [] [] [] [] [] [] [] [] [] []

SECTION BB. PERSONAL ITEMS (Complete at Intake Only)

1. Gender: 1. Male 2. Female 3. Other

2. Birthdate: 06 - 05 - 1915
Month Day Year

3. Race / Ethnicity: 1. No 2. Yes (Answer All)
a. American Indian / Alaskan Native b. Asian c. Black / African American d. Native Hawaiian or other Pacific Islander e. White f. Hispanic or Latino

4. Marital Status: 1. Never married 2. Married 3. Widowed 4. Divorced 5. Separated 6. Other

5. Language: 1. English 2. Spanish 3. Chinese 4. Other

Updated 9-08-09

40

Adding a new MDS-HC

Review:

➤ The section in the center is the Form Screen. Within it is the form associated with the action we wish to take.

Telesys
MIXED MODE

Client Name: George Walters

MINIMUM DATA SET - HOME CARE (MDS-HC)
Unless otherwise noted, score for last 3 days
Examples of exceptions include ADLs / Continence / Services / Treatments where status scored over last 7 days

SECTION AA. NAME AND IDENTIFICATION NUMBERS

1. Name of Client: Walters, George
a. (Last Family Name) b. (First Name) c. (Middle Name)

2. Case Record No.

3. Government Pension And Health Insurance Numbers
a. Pension (Social Security) Number
b. Health insurance number (if other comparable insurance number)

SECTION BB. PERSONAL ITEMS (Complete at Intake Only)

1. Gender: 1 Male 2 Female 1

2. Birthdate: 06-05-1915
Month Day Year

3. Race / Ethnicity: 0 No 1 Yes (Answer All)
a. American Indian / Alaskan Native
b. Asian
c. Black / African Amer
d. Native Hawaiian or other Pacific Islander
e. White
f. Hispanic or Latino

4. Marital Status: 1 Never married 2 Married 3 Widowed 4 Separated 5 Divorced 6 Other

5. Language: Primary Language

AA. NameID
BB. Personal
CC. Referral
A. Asset Info
B. Cognitive
C. Communication
D. Vision
E. Mood/Behavior
F. Social
G. Support
H. Physical
I. Continence
J. Disease
K. Health
L. Nutrition
M. Dental
N. Skin
O. Environment
P. Service
Q. Medications
R. Signature
S. Notebook

Updated 9-08-09

41

Adding a new MDS-HC

Review:

➤ The section on the right of the screen contains the Section Buttons. When you click on any of the section buttons, the form will scroll so that the first question within the section selected is made visible.

Telesys
MIXED MODE

Client Name: George Walters

MINIMUM DATA SET - HOME CARE (MDS-HC)
Unless otherwise noted, score for last 3 days
Examples of exceptions include ADLs / Continence / Services / Treatments where status scored over last 7 days

SECTION AA. NAME AND IDENTIFICATION NUMBERS

1. Name of Client: Walters, George
a. (Last Family Name) b. (First Name) c. (Middle Name)

2. Case Record No.

3. Government Pension And Health Insurance Numbers
a. Pension (Social Security) Number
b. Health insurance number (if other comparable insurance number)

SECTION BB. PERSONAL ITEMS (Complete at Intake Only)

1. Gender: 1 Male 2 Female 1

2. Birthdate: 06-05-1915
Month Day Year

3. Race / Ethnicity: 0 No 1 Yes (Answer All)
a. American Indian / Alaskan Native
b. Asian
c. Black / African Amer
d. Native Hawaiian or other Pacific Islander
e. White
f. Hispanic or Latino

4. Marital Status: 1 Never married 2 Married 3 Widowed 4 Separated 5 Divorced 6 Other

5. Language: Primary Language

AA. NameID
BB. Personal
CC. Referral
A. Asset Info
B. Cognitive
C. Communication
D. Vision
E. Mood/Behavior
F. Social
G. Support
H. Physical
I. Continence
J. Disease
K. Health
L. Nutrition
M. Dental
N. Skin
O. Environment
P. Service
Q. Medications
R. Signature
S. Notebook

Updated 9-08-09

42

Adding a new MDS-HC

Review:

➤ The section at the top is the Message screen. Within it will be all of the messages that the system wishes to convey to the user.

Updated 9-08-09

Required fields not completed. Leave anyway?

Yes No

Client Name: George Walters

MINIMUM DATA SET - HOME CARE (MDS-HC)

Unless otherwise noted, score for last 3 days
Examples of exceptions include MDS-C Continued Services / Treatments where status scored over last 7 days

SECTION AA. NAME AND IDENTIFICATION NUMBERS

1. Name of Client: **Walters, George**

2. Case Record No.

3. Government Pension And Health Insurance Numbers

SECTION BB. PERSONAL ITEMS (Complete at Intake Only)

4. Gender: 1. Male 2. Female 1

5. Birthdate: 08-05-1915

6. Race / Ethnicity: 1. No 2. Yes (Answer All)

7. Marital Status: 1. Never married 2. Married 3. Widowed 4. Separated 5. Divorced 6. Other

8. Language: 1. English 2. Spanish 3. French 4. Other

AA. Name/ID
BB. Personal
CC. Referral
A. Asst Info
B. Cognitive
C. Communication
D. Vision
E. Mood/Behavior
F. Social
G. Support
H. Physical
I. Continence
J. Disease
K. Health
L. Nutrition
M. Dental
N. Skin
O. Environment
P. Service
Q. Medications
R. Signature
S. Notebook

43

MDS-HC Sections

The first three sections of the MDS-HC, Sections AA, BB and CC, are automatically populated with information from the Client's Face Sheet. If Sections AA, BB & CC of MDS-HC are not auto populating, this means that the Client's Face Sheet was not fully completed at the time of the client's very first MDS-HC assessment. **This must be corrected on the Face Sheet before proceeding with current MDS-HC data entry (Refer to Client Face Sheet Section of this guide)**

Updated 9-08-09

TeleSys

Client Name: George Walters

MINIMUM DATA SET - HOME CARE (MDS-HC)

Unless otherwise noted, score for last 3 days
Examples of exceptions include MDS-C Continued Services / Treatments where status scored over last 7 days

SECTION AA. NAME AND IDENTIFICATION NUMBERS

1. Name of Client: **Walters, George**

2. Case Record No.

3. Government Pension And Health Insurance Numbers

SECTION BB. PERSONAL ITEMS (Complete at Intake Only)

4. Gender: 1. Male 2. Female 1

5. Birthdate: 08-05-1915

6. Race / Ethnicity: 1. No 2. Yes (Answer All)

7. Marital Status: 1. Never married 2. Married 3. Widowed 4. Separated 5. Divorced 6. Other

8. Language: 1. English 2. Spanish 3. French 4. Other

AA. Name/ID
BB. Personal
CC. Referral
A. Asst Info
B. Cognitive
C. Communication
D. Vision
E. Mood/Behavior
F. Social
G. Support
H. Physical
I. Continence
J. Disease
K. Health
L. Nutrition
M. Dental
N. Skin
O. Environment
P. Service
Q. Medications
R. Signature
S. Notebook

44

MDS-HC Sections

Most of the answer boxes within Sections AA, BB and CC on the MDS-HC form/screen are Read Only, meaning that you can see the information within the MDS-HC, but you cannot edit it. This is done intentionally so that the information in the client's record matches the information on the MDS-HC.

Updated 9-08-09

45

Completeness Indicators

Next to each Section Button are the Completeness Indicators for each section. These indicators show the completeness of the section.

- Complete - box is totally filled (appears in red),
- Empty - box is totally empty,
- Partially completed - box is half filled (half white/half red).

Updated 9-08-09

46

Completeness Indicators

The completeness indicator reflects the completeness of the answer boxes for that section.

Client Name: George Walters

MINIMUM DATA SET - HOME CARE (MDS-HC)

Unless otherwise noted, scores for last 3 days.
Examples of exceptions include MDS-C Continued Services/ Treatments where status scores over last 7 days.

SECTION AA. NAME AND IDENTIFICATION NUMBERS

1. Name of Client: Walters, George

2. Case Record No.

3. Government Pension And Health Insurance Numbers

SECTION BB. PERSONAL ITEMS (Complete at Intake Only)

1. Gender: 1 Male, 2 Female

2. Birthdate: 08-05-1915

3. Race / Ethnicity: 1 No, 2 Yes

4. Marital Status: 1 Never married, 2 Married, 3 Widowed, 4 Separated, 5 Divorced, 6 Other

5. Language: 1 Primary Language, 2 Secondary Language, 3 Tertiary Language, 4 Other

Updated 9-08-09

47

Analyzing and viewing the Client Assessment Protocols (CAPs)

STEP 1

In order to analyze and view the CAPs (Client Assessment Protocols) it is necessary to click on the "MDSHC" button. This will bring two list grids to the screen. The top list grid is the Client List, which is the same as the client list seen when the "Clients" button is depressed.

Client Name: Mark Eron

Client List

ID	Last Name	First Name	Case Num	Opened	Facility	Reserved By
1	Eron	Mark	MT481	1/18/01		
2	Lorenzo	Mario	22282	2/2/02		
3	Peters	Mary	18033	1/10/03		
4	Walters	George	41004			

MDSHC Assessment List

Last Name	First Name	Date	Type	Linked	Inpgs	Referred	MDS	MDS ID
Eron	Mark	1/1/2001	Initial	No	No	Referred P	4	2.11 (P4_1) Mary Wilson
Eron	Mark	1/1/2002	Follow-up	No	No	Referred P	4	2.11 (P4_1)

Updated 9-08-09

48

Analyzing and viewing CAPs

STEP 1 (continued)

The bottom list grid is the MDSHC Assessment List and it contains all of the assessments that have been completed for the client selected in the Client List. Before you analyze the CAPs, select an MDSHC from the MDSHC assessment list. This is done by a single left click on the row containing the assessment you wish to analyze.

Client Name: Mark Etron

ID	Last Name	First Name	Case Num	Opened	Facility	Reserved By
1	Bow	Mark	91081	11/08/11		
4	Lemmo	Mark		12/20/10		
2	Heans	Mary		10/20/10		
3	Visitors	George		4/10/08		

Last Name	First Name	Date	Type	Locked	Images	Category	ACL	ACL By
Etron	Mark	11/10/2011	Initial	No	Yes	Reduced P	4	711 PLS Mary Wilson
Etron	Mark	11/10/2011	Follow-up	No	No	Reduced P	4	211 PLS

Updated 9-08-09

49

Analyzing and viewing CAPs

STEP 2

Once the assessment has been selected, click on the "View CAPs" button. This will bring up the CAP screen. The center of the screen is the detail of the actual CAP itself. It gives information about how the CAP is calculated and from where on the form it obtains its information.

Client Name: Mark Etron

CAP-ADHERENCE

OBJECTIVE
To measure conditions which determine adherence to treatments and therapies. Numerous studies suggest that persons who adhere to treatment have better health outcomes. Adherence activates idiographic or concordant features of the treatment or, at least, reveals the client's attitude and willingness to be cured. Thus, nonadherence is a risk factor.

TRIGGERS
Adherence problem suggested if individual not compliant all or most of the time with one or more of the following:

Question	Client's Response	Possible Response	Triggering Response
<input type="checkbox"/> One or more of the selected list of treatments or therapies scheduled during the last 7 days:			
Cough	P2a	0,0	2,3
Respirator for passive breathing	P2b	0,0	2,3
All other respiratory treatments	P2c	0,0	2,3
Alcohol/drug treatment program	P2d	0,0	2,3
Alcohol/drug treatment	P2e	0,0	2,3
Chemotherapy	P2f	0,0	2,3
Diabetes	P2g	0,0	2,3
IV infusion - central	P2h	0,0	2,3
IV infusion - peripheral	P2i	0,0	2,3
Intrathecal injection	P2j	0,0	2,3
Wound care	P2k	0,0	2,3
Wound	P2l	0,0	2,3
Intravenous care	P2m	0,0	2,3
Catheter therapy	P2n	0,0	2,3
Circumference therapy	P2o	0,0	2,3
Physical therapy	P2p	0,0	2,3
Physician or clinic visit	P2q	0,0	2,3
Respirator	P2r	0,0	2,3
Daily home monitoring (e.g. BMD, ...)	P2s	0,0	2,3
Home monitoring less than daily	P2t	0,0	2,3
Medication treatment	P2u	0,0	2,3
Skin treatment	P2v	0,0	2,3
Special diet	P2w	0,0	2,3
<input type="checkbox"/> Complied less than 10% of the time with medications prescribed by the physician			
Complied with medications in last 7 days	GA	0,0	2

Updated 9-08-09

50

The right side of the screen contains the CAP section buttons. Clicking on one of these buttons will bring that CAP into view.

Updated 9-08-09

Level of Care (LOC) Pathway (PW)
CAPs for **PWs 1- Activities of Daily Living (ADLs) , 2 – Cognitive Performance and/or 6 – Behavior** will appear in the lower right side of the screen once the “View CAPs” button is clicked (i.e., MDS-HC assessment data is analyzed). It is important that you make sure all sections have been appropriately completed in order to assure an accurate LOC CAP analysis.

Updated 9-08-09

Analyzing and viewing Level of Care CAPs for PW 1, 2, & 6 on MDS-HC

Another way to view the Level of Care CAPs is by viewing them in the MDS-HC Assessment Log located on the bottom part of the Client Screen. Scroll all the way to the right side of the screen to bring PW 1, 2, & 6 CAPs in to view. Be sure that you have performed the “View CAPs” function first on that MDS-HC to assure you are viewing the correct CAPs results.

Updated 9-08-09

53

MDS-HC Section Items to Review if PW 1, 2, or 6 Not Triggered for Possible PW 3, 4, or 5 LOC Criteria

If PW 1, 2, or 6 did not trigger, review these MDS-HC assessment Sections to see if any of the **PW 3 – Physician Involvement, 4 – Treatment and Conditions, or 5 – Skilled Rehab Therapies criteria** are present. **Remember:** PW 3, 4, or 5 must be supported by documentation on a Statement of the Medical Status (SMS) form (OAS-PF-06-009).

Updated 9-08-09

MDS-HC Item	Short Description	MDS-HC Score
J.1.u.	Pneumonia	1 or 2
N.2.a.	Pressure Sores	3 or 4
P.1.f.	Physical Therapy	≥ 45 min
P.1.g.	Occupational Therapy	≥ 45 min
P.1.h.	Speech Therapy	≥ 45 min
P.2.b.	Respirator	1, 2 or 3
P.2.c.	Other Respiratory Treatments	1, 2 or 3
P.2.g.	Dialysis	1, 2 or 3
P.2.i.	IV infusion – Peripheral	1, 2 or 3
P.2.m.	Tracheostomy care	1, 2 or 3
P.2.o.	Occupational Therapy	1, 2 or 3
P.2.p.	Physical Therapy	1, 2 or 3

54

LOC Pathway 3, 4, and 5 Criteria for Approval

Pathway 3: Physician Involvement

Either of the following:

1. One day of MD Visits AND at least four new order changes, both occurring in the last 14 days;
2. At least two days of MD visits AND at least two new order changes, both occurring in the last 14 days.



Updated 9-08-09

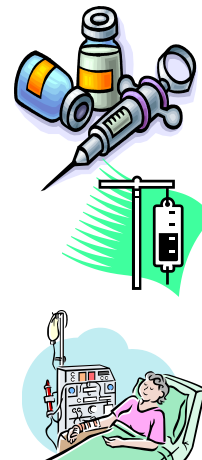
55

LOC Pathway 3, 4, and 5 Criteria for Approval

Pathway 4: Treatments and Conditions:

Any ONE of the following conditions or treatments:

1. Stage 3-4 Pressure Sores in the last 14 days;
2. IV Feedings in the last 7 days
3. IV Medications in the last 14 days
4. Daily tracheostomy care, daily respirator/ventilator
5. usage, or daily suctioning in the last 14 days
6. Pneumonia in the last 14 days
7. Daily respiratory therapy in the last 14 days
8. Daily insulin injections with 2 or more order changes in the last 14 days (requires both of these criteria listed on SMS)
9. Peritoneal or hemodialysis in the last 14 days



Updated 9-08-09

56

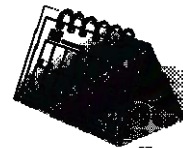
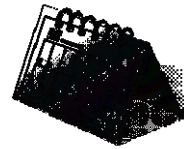
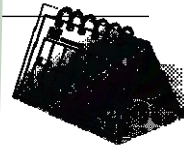
LOC Pathway 3, 4, and 5 Criteria for Approval

Pathway 5: Skilled Rehabilitation Therapies

Either of the following criteria must be met:

1. At least 45 minutes of active **Physical Therapy, Occupational Therapy, and/or Speech Therapy** **given** in the last 7 days;
2. At least 45 minutes of active **Physical Therapy, Occupational Therapy, and/or Speech Therapy** **scheduled** for the next 7 days.

Updated 9-08-09



57

Process for Determining Need for Application of Zero/Eight Protocol

Most individuals who meet Level of Care (LOC) do so on Pathway 1, ADL Performance. The MDS-HC examines the amount of assistance that an individual received from another individual in the performance of Activities of Daily Living (ADLs) during the specified look-back period. **Individuals will trigger PW 1 if they score a “3” or higher (Limited Assistance or Greater) on the late loss ADLs of Bed Mobility, Transfer, Eating, or Toilet Use found in Section H.2 of the MDS-HC. A zero/eight protocol has been established to properly determine LOC using the MDS-HC for individuals who may have significant self-performance difficulties with these late loss ADLs, even though they receive no assistance, and who do not meet LOC on any other Pathway.**

Updated 9-08-09

58

Process for Determining Need for Application of Zero/Eight Protocol

Step 3: If an individual does **not** meet LOC on any Pathway, AND she/he has scored a “0” – “Independent” or an “8” – “Activity Did not Occur” on any late loss ADL - **Bed Mobility, Transfer, Eating or Toilet Use**, then further examination is necessary via application of the Zero/Eight Protocol.

TeleSys Assessment Tools Suite

Client Name: Ramiro Lopez

3. ADL Decline

ADL status has become worse (i.e., now more impaired in self performance) as compared to status: **ADLs: ADLs** or since last assessment if less than 90 days

0: No 1: Yes

4. Primary Modes Of Locomotion

0: No assistive device 1: Cane 2: Walker / Crutch 3: Scooter (e.g., Amigo) 4: Wheelchair

5. ACTIVITY DID NOT OCCUR

0: Indors 4: 4

Updated 9-08-09

61

Application of “0/8” Protocol for Determination of PW 1 Level of Care Using MDS-HC

Step 1: Assessor determines during the face-to-face MDS-HC assessment that the individual indicates that he or she performs an Activity of Daily Living (ADL) independently (score of “0” on MDS-HC – Section H. 2), or individual states the activity did not occur at all during the look-back period (score of “8” on MDS-HC Section H. 2), and the assessor’s observations indicate that the individual may require assistance.



Updated 9-08-09

62

Application of “0/8” Protocol for Determination of PW 1 Level of Care Using MDS-HC

Step 2: The assessor asks the individual, and/or supports as applicable, the follow-up questions noted below. Examples of situations that may indicate the follow-up questions are required include falls during ADL performance, the assessor’s direct observations during the interview of difficulty in self-performance, or dirty or disheveled appearance.

- **Are you having any difficulty in performing this activity?” If the individual answers “no”, proceed with the assessment of the next activity. If the answer is “yes”, ask the following questions:**
- **“What type of difficulty are you experiencing?”**
- **“Will you accept assistance with this activity?”**

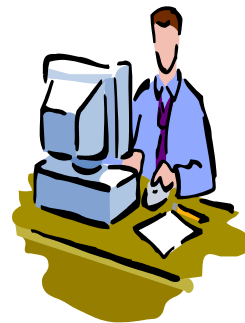


Updated 9-08-09

63

Application of “0/8” Protocol for Determination of PW 1 Level of Care Using MDS-HC

Step 3: The assessor documents the individual’s responses in the electronic notebook of the MDS-HC. The assessor must document the observation that led to the use of the follow-up questions in the electronic notebook of the MDS-HC. The assessor will record the individual’s description of the difficulty experienced, and add any descriptions of self-performance which the assessor determines to be true depictions of the actual situation, **in the MDS-HC Notebook**. The documentation must include a detailed description of the types of assistance needed. The LOC determination is best supported if the description includes MDS-HC terminology such as “supervision, “guided maneuvering”, “weight-bearing assistance”, required, etc. (See slides 66 & 67 of this guide for an example of how this information should be documented & slides 87-92 for how to Use TeleSys Notebook)

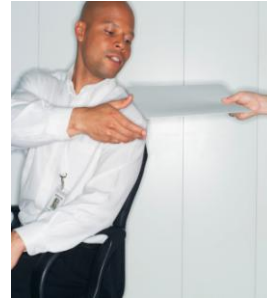


Updated 9-08-09

64

Application of “0/8” Protocol for Determination of PW 1 Level of Care Using MDS-HC

Important Note: If the assessor is not the person entering MDS-HC assessment in to the TeleSys database, he/she must assure that the Telesys database entry staff person has the necessary documentation to support the application of zero/eight protocol if this process was used to determine PW 1 – ADL LOC. The database staff person will enter this documentation in the MDS-HC TeleSys Notebook at the time of MDS-HC data entry to avoid delays due to a “locked” MDS-HC.



Updated 9-08-09

65

Application of “0/8” Protocol for Determination of PW 1 Level of Care Using MDS-HC

Mrs. Jones EXAMPLE:

Mrs. Jones states to the assessor that she has had no assistance from another individual with the ADL of eating during the entire 3 day look-back period. The assessor correctly codes Mrs. Jones as a “0” (Independent) on the MDS-HC . The assessor notes that Mrs. Jones’ hands are very contracted, to the point that she cannot straighten her fingers on either hand. The assessor continues assessing Mrs. Jones’ eating patterns to further determine how she is managing with this ADL. She learns from Mrs. Jones’ daughter that Mrs. Jones has recently been hospitalized due to dehydration and weight loss attributed in part to her difficulty with eating ADL, and that Mrs. Jones is only able to consume small portions of food and fluids at one time due to deformity and contractures in her hands and fingers. The assessor also observes that Mrs. Jones cannot properly hold a glass of water, and that most of the fluid is not making it in to her mouth. **Based on this information, the assessor determines that Mrs. Jones’ self-performance difficulty with late loss ADL of eating is at the level of “limited assistance” per MDS-HC coding definition (i.e., Mrs. Jones requires at least guided maneuvering level of assistance with late loss ADL of eating)**

Updated 9-08-09

66

Application of “0/8” Protocol for Determination of PW 1 Level of Care Using MDS-HC

Mrs. Jones EXAMPLE (continued)

The assessor records the following note in the MDS-HC electronic Notebook (refer to slides 84-89 of this guide for how to Use MDS-HC Notebook): “Mrs. Jones states no difficulty with eating. The assessor determines otherwise in light of contractures noted to both hands, observed difficulty with consumption of fluids, and daughter’s reports of her mother’s recent weight loss and dehydration attributed to eating difficulties. **At least limited assistance required for late loss ADL of eating.**”

It is important to note that even in the presence of an active caregiver, such as would be the case on re-assessment, the individual may meet LOC on Pathway 1 based on application of zero/eight protocol as described here.

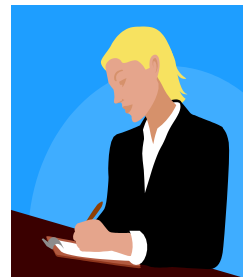
Updated 9-08-09

67

Application of “0/8” Protocol for Determination of PW 1 Level of Care Using MDS-HC

Step 4:

➤ If the application of Zero/Eight Protocol **does** indicate at least limited level of assistance is required for the late loss ADL(s) examined, make sure appropriate documentation appears in the TeleSys MDS-HC Notebook as described in slides 64-67 of this guide, **and proceed with care planning.**



Updated 9-08-09

68

Application of “0/8” Protocol for Determination of PW 1 Level of Care Using MDS-HC

Step 5:

- If the application of Zero/Eight Protocol does not indicate at least limited level of assistance is required for the late loss ADL(s) examined, **and** the individual meets no other PW, **do not continue with Care Planning.**
- **Discuss** with your supervisor
- **Forward** results to OAAS Regional Office for review and determination of LOC met/not met requirements/criteria.

Updated 9-08-09



OAAS
Regional
Office

69

Attaching an Image/Document in TeleSys

Documents such as a Statement of Medical Status (SMS) form (OAAS-PF-06-009) can be attached in the form of an “image” in Telesys to either the Client Face Sheet, MDS-HC Assessment, LOCET, or Louisiana Plan of Care. **Instructions for attaching an image to an MDS-HC assessment will be used for the purpose of this instruction.**

Updated 9-08-09

Office of Aging and Adult Services
STATEMENT OF MEDICAL STATUS

The purpose of this form is to gather current medical information to use in planning services and care for home and community-based services or nursing facilities. Return the completed form to the patient, request coordinator, ADHC, or nursing facility.

I. PATIENT INFORMATION

Name: _____ Date of Birth: _____ Gender: _____
 SSN: _____ Medicaid #: _____ Medicare #: _____
 Street Address: _____ Telephone #: _____
 City: _____ State: _____ Zip Code: _____

II. MEDICAL INFORMATION

Diagnoses (**include ICD9): Primary: _____ Other: _____
 Secondary: _____
 Medications (specify dosage, frequency and route): _____ See Attached (May attach patient's Medication Profile, additional medications/procedures or medication/procedure prescribed by other physicians)

Medication	Dosage	Frequency	Route

Allergies: ☐ NKDA
 Hospitalizations within 1 year (include psychiatric): ☐ None ☐ See attached Discharge Summary (if applicable)

Special Care Procedures (check appropriate box). Give type, frequency, size, site, etc. as appropriate

<input type="checkbox"/> Respiratory	<input type="checkbox"/> Glucose Monitoring
<input type="checkbox"/> Ventilator: <input type="checkbox"/> Daily <input type="checkbox"/> Other	<input type="checkbox"/> Insulin Injection: <input type="checkbox"/> Daily <input type="checkbox"/> Other
<input type="checkbox"/> Suctioning Oral Care	<input type="checkbox"/> Dysphagia (Risk Care)
<input type="checkbox"/> Daily: <input type="checkbox"/> PRN	<input type="checkbox"/> Stage I <input type="checkbox"/> Stage II <input type="checkbox"/> Stage III <input type="checkbox"/> Stage IV
<input type="checkbox"/> Thickened Cons: <input type="checkbox"/> Thick: <input type="checkbox"/> PRN	<input type="checkbox"/> Diet: Tube Feeding

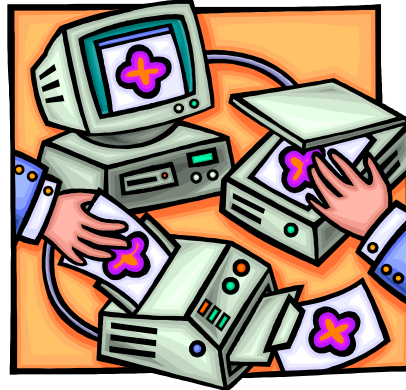
70

Attaching an Image/Document in TeleSys

Step 1:

To attach an image to an MDS-HC assessment in TeleSys, you must first scan the image into one of the following formats:

- .bmp
- .gif
- .tif
- .jpg
- .jpeg
- .png



Updated 9-08-09

71

Attaching an Image/Document in TeleSys

Step 2:

➤ Click on the button located on the left side of the screen for the document in TeleSys you wish to attach the scanned image (e.g., Client Face Sheet, LOCET, MDS-HC, Louisiana Plan of Care).

For purposes of this instruction, we will select the MDS-HC button.

➤ Then click on the MDS-HC you wish to attach the scanned image to.

Client Name: Ramiro Lopez

ID	Foreign ID	Last Name	First Name	Opened	Prv/Srv	Region	Agency	DOB
3800634		Lopez	Ramiro	06/2002	2	Test Case		1/31/1954

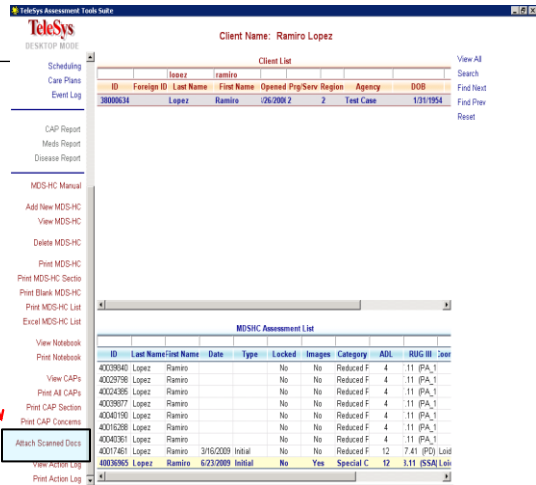
ID	Last Name/First Name	Date	Type	Locked	Images	Category	ADL	RUG III	Age
4003640	Lopez Ramiro		No	No	Reduced F	4	11	PA,1	
4003679	Lopez Ramiro		No	No	Reduced F	4	11	PA,1	
4003695	Lopez Ramiro		No	No	Reduced F	4	11	PA,1	
4003697	Lopez Ramiro		No	No	Reduced F	4	11	PA,1	
4004090	Lopez Ramiro		No	No	Reduced F	4	11	PA,1	
4004098	Lopez Ramiro		No	No	Reduced F	4	11	PA,1	
4004091	Lopez Ramiro		No	No	Reduced F	4	11	PA,1	
4004094	Lopez Ramiro	04/05/2009	Initial	No	No	Reduced F	12	14	PA,1
4004095	Lopez Ramiro	6/23/2009	Initial	No	Yes	Special C	12	11	BSA/Leh

Updated 9-08-09

Attaching an Image/Document in TeleSys

Step 3:

➤ Click on “Attach Scanned



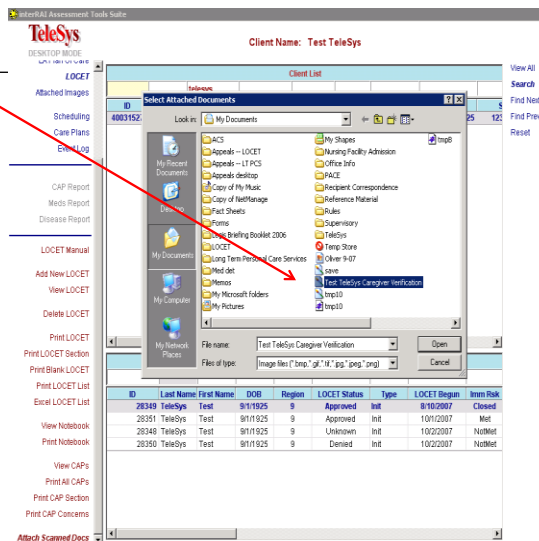
Updated 9-08-09

73

Attaching an Image/Document in TeleSys

Step 4:

➤ Locate scanned image you wish to attach by browsing through your saved documents. **Note** that only the documents scanned to the acceptable file types (i.e., .bmp, .gif, .tif, .jpg, and .png) will be allowed to be attached in TeleSys.



Updated 9-08-09

74

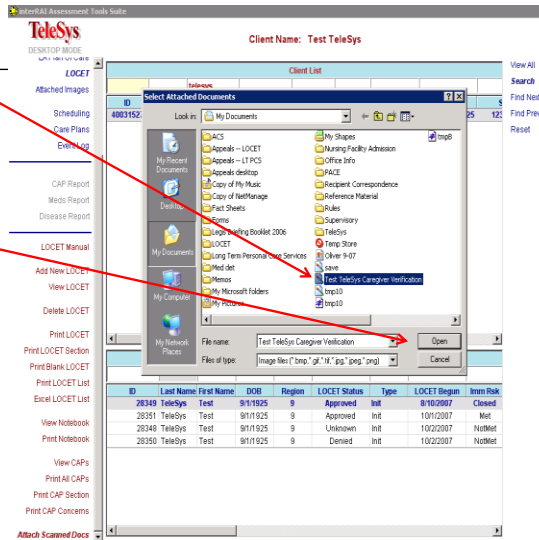
Attaching an Image/Document in TeleSys

Step 5:

Highlight the file you wish to attach.

Step 6:

Click "Open"



Updated 9-08-09

75

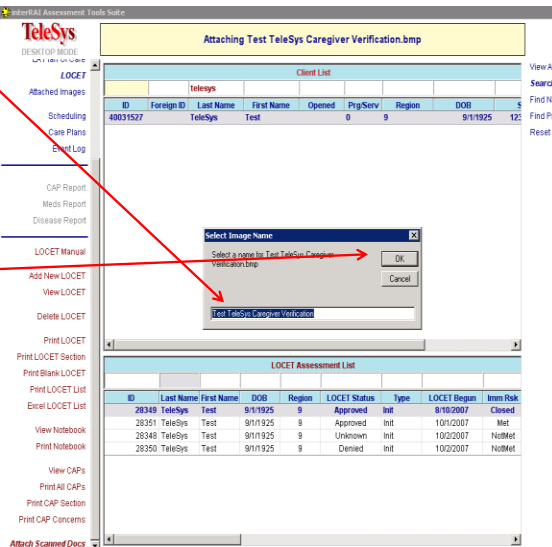
Attaching an Image/Document in TeleSys

Step 7:

This screen prompt will allow you to rename the file if you wish

Step 8:

Once you have renamed the file (or kept the same name), click "OK". The scanned image is not attached to the TeleSys document.



Updated 9-08-09

Viewing an Attached Image in Telesys

Step 1:

Once a client is selected on the Master Client List in TeleSys, click on “Attached Images” button. A list of all scanned images in TeleSys for that client will be displayed on the bottom half of the screen.

The screenshot shows the TeleSys Desktop Mode interface. The left sidebar contains a menu with options: Tutorial, Contact Us, Reports, Clients, MDGHC, LA Plan Of Care, LOCET, Attached Images (highlighted), Scheduling, Care Plans, Event Log, CAP Report, Meds Report, Disease Report, View Image, Delete Image, Print Image List, and Excel Image List. The main window displays the 'Client List' for 'Client Name: Test TeleSys'. The table below shows the 'Images Attached to Client List'.

Client ID	Attached To ID	Attached To Type	Image Name	Date Attached
40031527	28349	LOCET	Test TeleSys Caregiver Verific	10/07/2007
40031527	40018156	MDGHC	Test TeleSys SMO	10/07/2007

Updated 9-08-09

77

Viewing an Attached Image in Telesys

Step 2

➤ Determine what document the scanned image is attached to by viewing the “Attached to Type” column on the lower half of the screen.

➤ The Image Name will appear in the “Image Name” column.

The screenshot shows the TeleSys Desktop Mode interface. The left sidebar contains a menu with options: Tutorial, Contact Us, Reports, Clients, MDGHC, LA Plan Of Care, LOCET, Attached Images (highlighted), Scheduling, Care Plans, Event Log, CAP Report, Meds Report, Disease Report, View Image, Delete Image, Print Image List, and Excel Image List. The main window displays the 'Client List' for 'Client Name: Test TeleSys'. The table below shows the 'Images Attached to Client List'.

Client ID	Attached To ID	Attached To Type	Image Name	Date Attached
40031527	28349	LOCET	Test TeleSys Caregiver Verific	10/07/2007
40031527	40018156	MDGHC	Test TeleSys SMO	10/07/2007

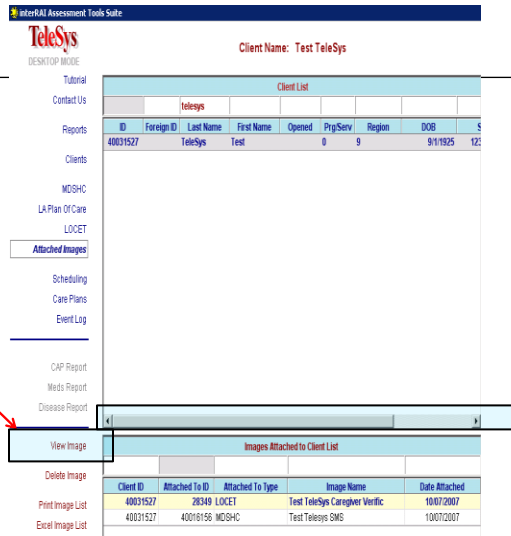
Updated 9-08-09

78

Viewing an Attached Image in Telesys

Step 3

To view the image, select the image on the list and then click on “View Image” button.



Telesys Desktop Mode

Client Name: Test TeleSys

Client List

ID	Foreign ID	Last Name	First Name	Opened	Phys	Region	DOB	Sex
40031527		TeleSys	Test	0	9		9/11/2025	122

Images Attached to Client List

Client ID	Attached To ID	Attached To Type	Image Name	Date Attached
40031527	28349	LOCET	Test TeleSys Caregiver Verific	10/07/2007
40031527	40016156	MDGHC	Test TeleSys SMS	10/07/2007

View Image

Delete Image

Print Image List

Excel Image List

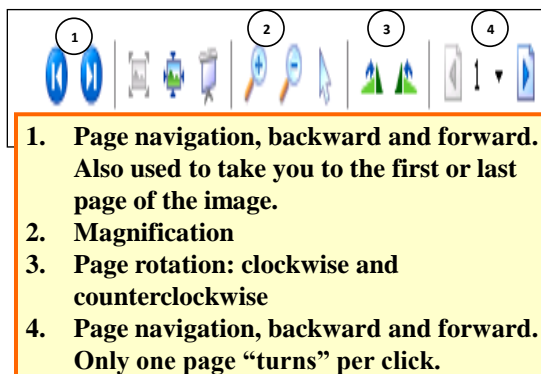
Updated 9-08-09

79

Viewing an Attached Image in Telesys

Step 4

Once the image is opened, the navigation buttons at the bottom of the screen will allow you to manipulate the image as needed. The most commonly used buttons are shown here and numbered for easy reference.



- Page navigation, backward and forward.** Also used to take you to the first or last page of the image.
- Magnification**
- Page rotation: clockwise and counterclockwise**
- Page navigation, backward and forward.** Only one page “turns” per click.

Updated 9-08-09

80

Printing

STEP 1

You may print any form in the system in its entirety populated with information, the entire blank form, or a section of the form.

You can print any assessment, a Face Sheet or the CAPs presentation.

Updated 9-08-09

81

Printing

STEP 1 (continued)

The first thing you will see is a confirmation message asking if you really want to print the form.

If you answer “No”, you will be returned to the previous screen. If you answer “Yes”, another series of questions will be asked of you.

Updated 9-08-09

82

Printing

STEP 2

The following questions will be asked of you. The first is to determine if you want any HIPAA information printed in the form. If you answer Yes to this question, no HIPAA info will be printed (i.e. Name, address, telephone numbers, SSN, DOB, etc.)

Exclude HIPAA info from printing on form?

Yes

No

Print form to PDF file or to printer?

PDF

Printer

Number of columns per page

1

2

Updated 9-08-09

83

Printing

STEP 2 (continued)

You will then be asked if you wish to print directly to the printer or to generate a PDF file. We will cover the PDF situation in the next few paragraphs. For this example, we will select the Printer. The system can print the form on the page in either a single a two column format. For fewer pages, select the two column version. The print size may be small in this view, but it is readable. For easier reading, you may wish to select the 1 column mode.

Exclude HIPAA info from printing on form?

Yes

No

Print form to PDF file or to printer?

PDF

Printer

Number of columns per page

1

2

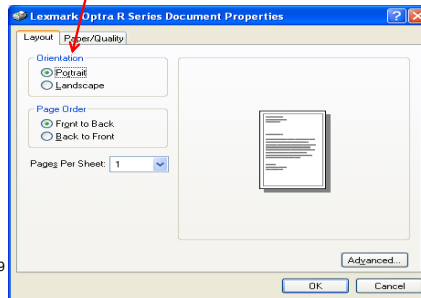
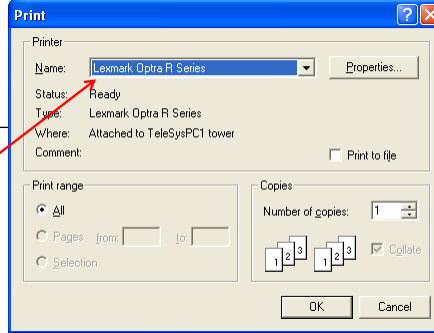
Updated 9-08-09

84

Printing

STEP 3

If printing directly to the printer, this dialogue box will appear. From it, you can select which printer you wish to use. If you click on the Properties button, you will be able to select either portrait or landscape mode of printing



Updated 9-08-09

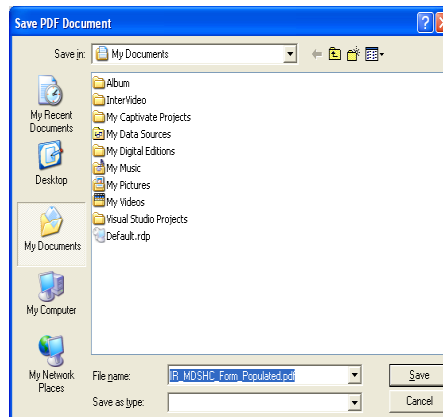
85

Printing

STEP 4

If you selected PDF, you will then be asked if you wish to generate the PDF in Portrait or Landscape mode. Once you have selected Portrait or Landscape, the system will then present you with a dialogue box to store the PDF wherever you wish. This file dialogue box operates the same as any other file save dialogue box. You would use the drop down in the Save In: section to find the folder into which you wish to place the PDF file.

Print in Portrait (P) or Landscape (L) mode ?



Updated 9-08-09

86

Using the Notebook

STEP 1

When you view any assessment or client face sheet, you will notice that there is a Notebook section in the right side section buttons. This is a valuable tool that allows you to enter notes on any individual answer box in the assessment, or on any section of the assessment or the entire assessment.

Updated 9-08-09

Client Name: Mark Elton

MINIMUM DATA SET - HOME CARE (MDS-HC)
Unless otherwise noted, score for last 3 days
Examples of exceptions include MDS-1 Continence / Services / Treatments where status scored over last 7 days

SECTION AA. NAME AND IDENTIFICATION NUMBERS

1. Name of Client: Elton Mark
a. (Last/Family Name) b. (First Name) c. (Middle Name)

2. Case Record No.

3. Government Pension And Health Insurance Numbers
a. Person (Social Security) Number
b. Health insurance number (if other comparable insurance number)

SECTION BB. PERSONAL ITEMS (Complete at Intake Only)

1. Gender: 1. Male 2. Female

2. Birthdate: Month Day Year

3. Race / Ethnicity
a. American Indian/Alaskan Native
b. Asian
c. Black / African-Amer
d. Native Hawaiian or other Pacific Islander
e. White
f. Hispanic or Latino

4. Marital Status
1. Never married
2. Married
3. Widowed
4. Separated
5. Divorced
6. Other

5. Language: Primary Language

Right Sidebar Buttons: AA. NameID, BB. Personal, CC. Referral, A. Assess Info, B. Cognitive, C. Comm/Hear, D. Vision, E. Mood/Behav, F. Social, G. Support, H. Physical, I. Continence, J. Disease, K. Health, L. Nutrition, M. Dental, N. Skin, O. Environment, P. Service, Q. Medications, R. Signature, Notebook.

87

Using the Notebook

STEP 1 (continued)

You may invoke the Notebook at any time by depressing the F5 key on your computer key board, or by clicking on the Notebook section button.

Updated 9-08-09

Client Name: Mark Elton

MINIMUM DATA SET - HOME CARE (MDS-HC)
Unless otherwise noted, score for last 3 days
Examples of exceptions include MDS-1 Continence / Services / Treatments where status scored over last 7 days

SECTION AA. NAME AND IDENTIFICATION NUMBERS

1. Name of Client: Elton Mark
a. (Last/Family Name) b. (First Name) c. (Middle Name)

2. Case Record No.

3. Government Pension And Health Insurance Numbers
a. Person (Social Security) Number
b. Health insurance number (if other comparable insurance number)

SECTION BB. PERSONAL ITEMS (Complete at Intake Only)

1. Gender: 1. Male 2. Female

2. Birthdate: Month Day Year

3. Race / Ethnicity
a. American Indian/Alaskan Native
b. Asian
c. Black / African-Amer
d. Native Hawaiian or other Pacific Islander
e. White
f. Hispanic or Latino

4. Marital Status
1. Never married
2. Married
3. Widowed
4. Separated
5. Divorced
6. Other

5. Language: Primary Language

Right Sidebar Buttons: AA. NameID, BB. Personal, CC. Referral, A. Assess Info, B. Cognitive, C. Comm/Hear, D. Vision, E. Mood/Behav, F. Social, G. Support, H. Physical, I. Continence, J. Disease, K. Health, L. Nutrition, M. Dental, N. Skin, O. Environment, P. Service, Q. Medications, R. Signature, Notebook.

88

Using the Notebook

STEP 2

When you click on the Notebook section button, the notebook section will appear. You cannot type directly into the Notebook section within the form. The notebook display box will display the first few lines of the notebook just to let you know that there is something in the notebook, or you can view the completion graphic next to the Notebook section button.

Updated 9-08-09

The screenshot shows the TeleSys Assessment Tools Suite interface. The main form area is titled "Client Name: Mark Elron". It contains sections for "SECTION R. ASSESSOR INFORMATION" and "1. SIGNATURES OF PERSONS COMPLETING THE ASSESSMENT:". The Notebook section is highlighted in blue at the bottom. A red arrow points from the text box to the Notebook section button in the sidebar.

Using the Notebook

STEP 2 (continued)

If the section button is full, then there is something in the notebook. In order to get to the actual Notebook input screen, either double left click anywhere within the Notebook display box or depress the Enter key if the Notebook display box has the focus.

Updated 9-08-09

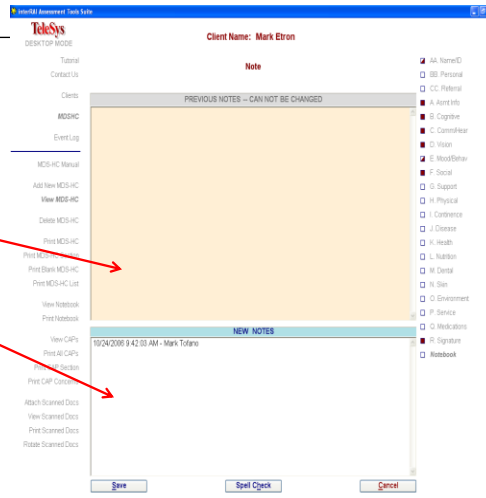
The screenshot shows the TeleSys Assessment Tools Suite interface. The main form area is titled "Client Name: Mark Elron". It contains sections for "SECTION R. ASSESSOR INFORMATION" and "1. SIGNATURES OF PERSONS COMPLETING THE ASSESSMENT:". The Notebook section is highlighted in blue at the bottom. A red arrow points from the text box to the Notebook section button in the sidebar.

90

Using the Notebook

STEP 3

The Notebook entry screen will become visible. It is segmented into two parts. The top section is the viewing window and allows you to see all past notes. The lower section is the current input area. You can type into this area and spell check it.



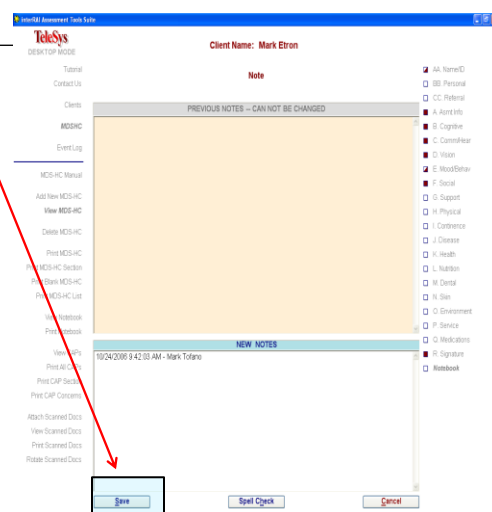
Updated 9-08-09

91

Using the Notebook

STEP 3 (continued)

Once you have completed your notes, click on the "Save" key to permanently save the text. Once the text has been saved, it cannot be changed. In order to make a correction to the notes, you must actually make another note entry referencing the past error and showing the correction. This technique provides a complete audit trail of notes.



Updated 9-08-09

92

Exiting the MDS-HC Screen

Step 1

Once the MDS-HC has been completed, click on the MDS-HC button to return to the MDS-HC Assessment List screen.

Client Name: Mark Eltron

PREVIOUS NOTES - CAN NOT BE CHANGED

NEW NOTES

10/24/2008 9:42:03 AM - Mark Totano

Save Spell Check Cancel

Updated 9-08-09

93

Exiting the MDS-HC Screen

Step 2

If the required fields have not been completed, you will be prompted to determine if you actually do wish to leave the form.

Required fields not completed. Leave anyway?

Yes No

Client Name: George Walters

ID	Last Name	First Name	Case Num	Opened	Closing	Revised By
2	Peters	Mary	389203			
1	Talbot	Mark	847-051	1/1/2001		
3	Walters	George	470504			

Last Name	First Name	Date	Type	Locked	Images	Category	ADL	MDS II
Walters	George			No	No			

Updated 9-08-09

94

Exiting the MDS-HC Screen

Step 2 (continued)

If you answer “No”, the screen will stay as it is.

If you answer “Yes”, then the screen will go to the MDS-HC Assessment List screen.

Required fields not completed. Leave anyway?

Yes No

TeleSys
MDS-HC

Client Name: George Walters

Client List

ID	Last Name	First Name	Case Num	Opened	Facility	Reserved By
2	Walters	George	MF-001	9/12/01		

MDS-HC Manual

ADD New MDS-HC

View MDS-HC

Print MDS-HC

Print MDS-HC Section

Print MDS-HC List

MDS-HC Assessment List

Last Name	First Name	Date	Type	Linked	Images	Category	ADL	MOB II
Walters	George		No	No				

Updated 9-08-09

95

Exiting the MDS-HC Screen

Step 3

We now see that Mr. Walters has an MDS-HC completed.

Required fields not completed. Leave anyway?

Yes No

TeleSys
MDS-HC

Client Name: George Walters

Client List

ID	Last Name	First Name	Case Num	Opened	Facility	Reserved By
2	Walters	George	MF-001	9/12/01		

MDS-HC Manual

ADD New MDS-HC

View MDS-HC

Print MDS-HC

Print MDS-HC Section

Print MDS-HC List

MDS-HC Assessment List

Last Name	First Name	Date	Type	Linked	Images	Category	ADL	MOB II
Walters	George		No	No				

Updated 9-08-09

96

MDS-HC Data Entry & Error Correction Protocol

1. Enter data in to TeleSys from data collected during face-to-face MDS-HC assessment within ten (10) business days from the completion date noted in Section R 1 c. of the MDS-HC assessment form

Updated 9-08-09

97

MDS-HC Data Entry & Error Correction Protocol

2. Enter the MDS-HC assessment data in its entirety at the time of data entry. **Entering an MDS-HC assessment that is only partially completed in TeleSys (e.g., not signed and locked) is not an acceptable practice.**

Updated 9-08-09

98

MDS-HC Data Entry & Error Correction Protocol

3. Once you have entered an MDS-HC assessment in TeleSys, you must always click the “View CAPs” button located on the lower left-hand side of the Screen.

TeleSys
DESKTOP MODE

Client Name: Mark Elron

CAP-ADHERENCE

OBJECTIVE
To review conditions which determine adherence to treatments and therapies. Numerous studies suggest that persons who adhere to treatment have better health outcomes. Adherence activities (non-specific or concordant features of the treatment or, at least, reveals the client's attitude and willingness to be cared). Thus, nonadherence is a risk factor.

TRIGGERS
Adherence problem suggested if individual not compliant at or most of the time with one or more of the following:

Question Number	Client's Response	Provider's Response	Triggering Response
INCOMPLETE			
One or more of the selected list of treatments or therapies scheduled during the last 7 days:			
Oxygen	P0a	0.0	2.0
Respirator for assistive breathing	P0b	0.0	2.0
All other respiratory treatments	P0c	0.0	2.0
Atorvastatin treatment program	P0d	0.0	2.0
Blood transfusion(s)	P0e	0.0	2.0
Chemotherapy	P0f	0.0	2.0
Diabetes	P0g	0.0	2.0
IV infusion - central	P0h	0.0	2.0
IV infusion - peripheral	P0i	0.0	2.0
Medication by injection	P0j	0.0	2.0
Orally care	P0k	0.0	2.0
Physician	P0l	0.0	2.0
Therapeutic care	P0m	0.0	2.0
Exercise therapy	P0n	0.0	2.0
Occupational therapy	P0o	0.0	2.0
Physical therapy	P0p	0.0	2.0
Physician or clinic visit	P0q	0.0	2.0
Respirator	P0r	0.0	2.0
Daily nurse monitoring (eg. BMD -)	P0s	0.0	2.0
Nurse monitoring (eg. BMD -)	P0t	0.0	2.0
Medication and/or treatment	P0u	0.0	2.0
Special care	P0v	0.0	2.0
Compliant less than 50% of the time with medications prescribed by the physician			
Compliant with medications in last 7 days	Q4	0.0	2.0

View CAPs

Updated 9-08-09

99

MDS-HC Data Entry & Error Correction Protocol

4. Print a hard copy of the MDS-HC and/or CAPs Report as applicable.

TeleSys
DESKTOP MODE

Client Name: Mark Elron

CAP-ADHERENCE

OBJECTIVE
To review conditions which determine adherence to treatments and therapies. Numerous studies suggest that persons who adhere to treatment have better health outcomes. Adherence activities (non-specific or concordant features of the treatment or, at least, reveals the client's attitude and willingness to be cared). Thus, nonadherence is a risk factor.

TRIGGERS
Adherence problem suggested if individual not compliant at or most of the time with one or more of the following:

Question Number	Client's Response	Provider's Response	Triggering Response
INCOMPLETE			
One or more of the selected list of treatments or therapies scheduled during the last 7 days:			
Oxygen	P0a	0.0	2.0
Respirator for assistive breathing	P0b	0.0	2.0
All other respiratory treatments	P0c	0.0	2.0
Atorvastatin treatment program	P0d	0.0	2.0
Blood transfusion(s)	P0e	0.0	2.0
Chemotherapy	P0f	0.0	2.0
Diabetes	P0g	0.0	2.0
IV infusion - central	P0h	0.0	2.0
IV infusion - peripheral	P0i	0.0	2.0
Medication by injection	P0j	0.0	2.0
Orally care	P0k	0.0	2.0
Physician	P0l	0.0	2.0
Therapeutic care	P0m	0.0	2.0
Exercise therapy	P0n	0.0	2.0
Occupational therapy	P0o	0.0	2.0
Physical therapy	P0p	0.0	2.0
Physician or clinic visit	P0q	0.0	2.0
Respirator	P0r	0.0	2.0
Daily nurse monitoring (eg. BMD -)	P0s	0.0	2.0
Nurse monitoring (eg. BMD -)	P0t	0.0	2.0
Medication and/or treatment	P0u	0.0	2.0
Special care	P0v	0.0	2.0
Compliant less than 50% of the time with medications prescribed by the physician			
Compliant with medications in last 7 days	Q4	0.0	2.0

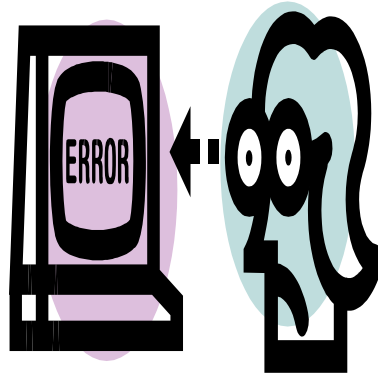
View CAPs

Updated 9-08-09

100

MDS-HC Data Entry & Error Correction Protocol

Error Correction means that incorrect data has been entered into any section of an MDS-HC assessment that was previously entered and locked in the TeleSys database, and as a result, a request is being made for correction of the error(s)



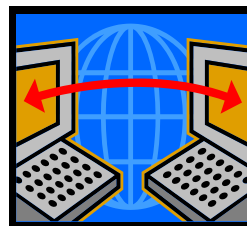
Updated 9-08-09

101

MDS-HC Data Entry & Error Correction Protocol

Follow the steps below to request that a data entry error be corrected on a “locked” MDS-HC in TeleSys:

1. Notify the OAAS Regional Office via email communication immediately upon discovery of the error. **Never show the client’s name in the subject line of the email message.**



Updated 9-08-09

102

MDS-HC Data Entry & Error Correction Protocol

- **...Coding Error:** An MDS-HC Section item was miscoded at the time of the assessment as evidenced by supporting documentation submitted with the MDS-HC. For example, a code of “0” Independent was entered for transferring ADL in Section H 2 of the MDS-HC. The supporting documentation in the care plan clearly shows that the person was recovering from hip replacement surgery during the 3 day look-back period and the person required “weight-bearing” assistance during that time. The correct code should be a “4” for ADL of transferring instead of the “0” that was entered.

Updated 9-08-09

105

MDS-HC Data Entry & Error Correction Protocol

3. OAAS staff will make the necessary correction(s) in TeleSys upon review and approval of the Error Correction request and supporting documentation as applicable.
4. OAAS staff will make an entry in the MDS-HC Notebook indicating the type of error correction made – for example: “Transcription error made to Section AA 1. corrected misspelled last name; Coding Error – Section B 1. a. changed from a “1” to a “0”, etc.
5. OAAS Regional Office (RO) will notify the requesting agency when the correction has been made in Telesys;
6. Upon receipt of error correction confirmation from OAAS RO, requesting agency must re-analyze and view corrected MDS-HC CAPs.

Updated 9-08-09

106

Who do I call/contact if I have Problems/Questions?



Contact Information

- The OAAS TeleSys Administrator will assist you with initial access to TeleSys software and with addition of end user staff to TeleSys (e.g., new assessor staff).
- The OAAS Telesys Administrator must be notified within seven (7) business days when an employee terminates employment, or no longer requires access to Telesys.
- The OAAS TeleSys Administrator may be contacted via email at: Alicia.Smith.@la.gov, or via telephone at: **225-219-9935**.
- All other related TeleSys issues/concerns, including request for error corrections, must be communicated to your OAAS Regional Office (See enclosed Regional Office Contact List)

Timely and accurate data entry is a critical first step in assuring timely delivery of services!



Updated 9-08-09

109